

96-0750 R07/16 azdot.gov

Mail Drop 521M Fuel Tax Refund Compliance Unit Arizona Department of Transportation PO Box 2100 Phoenix AZ 85001-2100

## ARIZONA-BASED IFTA FUEL TAX REFUND APPLICATION

- · Complete online or in black ink
- Mail to the address above
- File this form within 3 years after the original base jurisdiction IFTA report was required to be filed
- No refunds made under \$50, except if the 3-year statute of limitation is expiring

| Applicant Name  |         | IFTA Acc  | count Number             | •         | ADOT Account Number |         |             |          |
|---|---------|-----------|--------------------------|-----------|---------------------|---------|-------------|----------|
| Refund Mailing Address  | anged   | City      |                          |           |                     | State   | Zip         |          |
| Federal EIN   |         |           | Business Phone           |           |                     |         |             |          |
| Contact Person Name   |         |           | Contact Person Phone ( ) |           |                     |         |             |          |
| – This form is for use fuel p   | urchase | ed by Ari | zona-based               | IFTA ca   | rriers.             |         |             |          |
| This is a request for a refund of the o   | redit   | balance   | on my A                  | rizona    | Based II            | TA a    | ccount.     |          |
| Total Refund Due  |         |           |                          |           |                     |         |             |          |
| I certify that the Arizona taxes have been paid on (and supporting documents) for the gallons claimed will be |         |           |                          |           | . The or            | iginal, | unaltered   | invoices |
| Printed Name  | Title   |           |                          |           |                     |         | 7           |          |
| Signature (must be original, wet signature)   |         | ;         |                          |           |                     |         |             |          |
| Must be signed by licensee or authorized officer of the but   | siness. | All other | r signatures             | require a | a notarized         | d powe  | r of attorn | ey.      |
| ADOT Use Only   |         |           |                          |           |                     |         |             |          |
| Compliance  |         | Appr      | roved<br>′es □ No        | Approva   | al Date             | Po      | stmark Dat  | :e       |
| Comments  |         |           |                          | <u> </u>  |                     |         |             |          |
|   |         |           |                          |           |                     |         |             |          |
| Receipts Date Entered Entered By  |         | Clair     | n Number                 |           |                     |         |             |          |
| Comments  |         |           |                          |           |                     |         |             |          |